



General Assembly

## ***Amendment***

***January Session, 2017***

**LCO No. 7498**



Offered by:

SEN. LOONEY, 11<sup>th</sup> Dist.

SEN. FASANO, 34<sup>th</sup> Dist.

To: Subst. Senate Bill No. **426**

File No. 337

Cal. No. 184

***"AN ACT CONCERNING CONTRACTS BETWEEN HEALTH CARRIERS AND HEALTH CARE PROVIDERS, AGENTS OR VENDORS, PARTICIPATING PROVIDER DIRECTORIES AND SURPRISE BILLS."***

1 After the last section, add the following and renumber sections and  
2 internal references accordingly:

3 "Sec. 501. Subsection (b) of section 38a-591d of the general statutes is  
4 repealed and the following is substituted in lieu thereof (*Effective*  
5 *January 1, 2018*):

6 (b) With respect to a nonurgent care request:

7 (1) (A) For a prospective or concurrent review request, a health  
8 carrier shall make a determination within a reasonable period of time  
9 appropriate to the covered person's medical condition, but not later  
10 than fifteen calendar days after the date the health carrier receives such  
11 request, and shall notify the covered person and, if applicable, the  
12 covered person's authorized representative of such determination,

13 whether or not the carrier certifies the provision of the benefit.

14 (B) If the review under subparagraph (A) of this subdivision is a  
15 review of a grievance involving a concurrent review request, pursuant  
16 to 45 CFR 147.136, as amended from time to time, the treatment shall  
17 be continued without liability to the covered person until the covered  
18 person has been notified of the review decision.

19 (C) (i) If the review under subparagraph (A) of this subdivision is a  
20 review of a grievance involving a prospective review request relating  
21 to the dispensing of a drug for a chronic disease, other than a schedule  
22 II or III controlled substance, that is prescribed by a licensed  
23 participating provider who is a specialist in such chronic disease, the  
24 health carrier shall issue an electronic authorization to the covered  
25 person's pharmacy for the dispensing of a temporary supply of such  
26 drug sufficient for the duration of such review until the covered  
27 person has been notified of the review decision. Such authorization  
28 shall include confirmation of the availability of payment for such  
29 supply of such drug.

30 (ii) Not later than twenty-four hours after the health carrier has  
31 issued such authorization to the pharmacy and prior to the pharmacy's  
32 dispensation of such drug, such health carrier shall confirm with such  
33 participating provider the provider's concurrence with the dispensing  
34 of such temporary supply of such drug. If such participating provider  
35 does not concur, the health carrier shall cancel such authorization.

36 (2) For a retrospective review request, a health carrier shall make a  
37 determination within a reasonable period of time, but not later than  
38 thirty calendar days after the date the health carrier receives such  
39 request.

40 (3) The time periods specified in subdivisions (1) and (2) of this  
41 subsection may be extended once by the health carrier for up to fifteen  
42 calendar days, provided the health carrier:

43 (A) Determines that an extension is necessary due to circumstances

44 beyond the health carrier's control; and

45 (B) Notifies the covered person and, if applicable, the covered  
46 person's authorized representative prior to the expiration of the initial  
47 time period, of the circumstances requiring the extension of time and  
48 the date by which the health carrier expects to make a determination.

49 (4) (A) If the extension pursuant to subdivision (3) of this subsection  
50 is necessary due to the failure of the covered person or the covered  
51 person's authorized representative to provide information necessary to  
52 make a determination on the request, the health carrier shall:

53 (i) Specifically describe in the notice of extension the required  
54 information necessary to complete the request; and

55 (ii) Provide the covered person and, if applicable, the covered  
56 person's authorized representative with not less than forty-five  
57 calendar days after the date of receipt of the notice to provide the  
58 specified information.

59 (B) If the covered person or the covered person's authorized  
60 representative fails to submit the specified information before the end  
61 of the period of the extension, the health carrier may deny certification  
62 of the benefit requested.

63 Sec. 502. Subsection (c) of section 38a-591e of the general statutes is  
64 repealed and the following is substituted in lieu thereof (*Effective*  
65 *January 1, 2018*):

66 (c) (1) (A) When conducting a review of an adverse determination  
67 under this section, the health carrier shall ensure that such review is  
68 conducted in a manner to ensure the independence and impartiality of  
69 the clinical peer or peers involved in making the review decision.

70 (B) If the adverse determination involves utilization review, the  
71 health carrier shall designate an appropriate clinical peer or peers to  
72 review such adverse determination. Such clinical peer or peers shall  
73 not have been involved in the initial adverse determination.

74 (C) The clinical peer or peers conducting a review under this section  
75 shall take into consideration all comments, documents, records and  
76 other information relevant to the covered person's benefit request that  
77 is the subject of the adverse determination under review, that are  
78 submitted by the covered person or the covered person's authorized  
79 representative, regardless of whether such information was submitted  
80 or considered in making the initial adverse determination.

81 (D) Prior to issuing a decision, the health carrier shall provide free  
82 of charge, by facsimile, electronic means or any other expeditious  
83 method available, to the covered person or the covered person's  
84 authorized representative, as applicable, any new or additional  
85 documents, communications, information and evidence relied upon  
86 and any new or additional scientific or clinical rationale used by the  
87 health carrier in connection with the grievance. Such documents,  
88 communications, information, evidence and rationale shall be  
89 provided sufficiently in advance of the date the health carrier is  
90 required to issue a decision to permit the covered person or the  
91 covered person's authorized representative, as applicable, a reasonable  
92 opportunity to respond prior to such date.

93 (2) If the review under subdivision (1) of this subsection is an  
94 expedited review, all necessary information, including the health  
95 carrier's decision, shall be transmitted between the health carrier and  
96 the covered person or the covered person's authorized representative,  
97 as applicable, by telephone, facsimile, electronic means or any other  
98 expeditious method available.

99 (3) If the review under subdivision (1) of this subsection is an  
100 expedited review of a grievance involving an adverse determination of  
101 a concurrent review request, pursuant to 45 CFR 147.136, as amended  
102 from time to time, the treatment shall be continued without liability to  
103 the covered person until the covered person has been notified of the  
104 review decision.

105 (4) (A) If the review under subdivision (1) of this subsection is a

106 review of a grievance involving a prospective review request relating  
107 to the dispensing of a drug for a chronic disease, other than a schedule  
108 II or III controlled substance, that is prescribed by a licensed  
109 participating provider who is a specialist in such chronic disease, the  
110 health carrier shall issue an electronic authorization to the covered  
111 person's pharmacy for the dispensing of a temporary supply of such  
112 drug sufficient for the duration of such review until the covered  
113 person has been notified of the review decision. Such authorization  
114 shall include confirmation of the availability of payment for such  
115 supply of such drug.

116 (B) Not later than twenty-four hours after the health carrier has  
117 issued such authorization to the pharmacy and prior to the pharmacy's  
118 dispensation of such drug, such health carrier shall confirm with such  
119 participating provider the provider's concurrence with the dispensing  
120 of such temporary supply of such drug. If such participating provider  
121 does not concur, the health carrier shall cancel such authorization."

This act shall take effect as follows and shall amend the following sections:

Sec. 501	<i>January 1, 2018</i>	38a-591d(b)
Sec. 502	<i>January 1, 2018</i>	38a-591e(c)